STATE MS -DESOTO CO.

3 22 PH 103

Mississippi - UCC1 FINANCING STATEMENT

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FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) William A. Baskin Holcomb Dunbar, P.A. P.O. Box 190 Southaven, MS 38671 662-349-0664 TO BE FILED IN THE LAND RECORDS OF DESOTO COUNTY, MISSISSIPPI

1c. MAILING ADDRESS 1d. COUNTY# Southaven 1d. COUNTY# ADDRESS 1d. COUNTY# 1d. ORGANIZATION 1		THE ABOVE SI	ACE IS FU	K FILING OFFICE C	JE ONET .	
Application Data Systems, Inc. Application Data Systems, Inc.		a (1a or 1b) - do not abbreviate or combine names				
TE. INDIVIDUAL'S LAST NAME TERST NAME TE	1					
1930 1st Commercial Drive Southaven ADD'L INFO RE ORGANIZATION OF ORGANIZATION ORGAN	Application Data Systems, Inc. 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE	NAME	SUFFIX	
1930 1st Commercial Drive Southaven ADD'L INFO RE OCCUPATION ORGANIZATION ORGANIZATION ORGANIZATION Corporation Corporation Mississippi 16. TYPE OF ORGANIZATION Mississippi 16. TYPE OF ORGANIZATION Mississippi 17. Mississippi 18. ORGANIZATIONAL ID #, If any ORGANIZATIONAL ID #, If any ORGANIZATION'S NAME 28. ORGANIZATION'S NAME OR 29. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME ADD'L INFO RE OCCUPATION ORGANIZATION ORGANIZATION DEBTOR ADD'L INFO RE OCCUPATION ORGANIZATION DEBTOR ADD'L INFO RE OCCUPATION ORGANIZATION DEBTOR ADD'L INFO RE OCCUPATION ORGANIZATION ORGANI	40 MANUNG ADDRESS	CITY	STATE	POSTAL CODE	1D. COUNTY#	
Corporation Mississippi	1930 1st Commercial Drive		MS	38671	17	
DEBTOR COPPORATION IMPOSSISSIPPT NAME No. Name Name No. Name Name No. Name Name No. Name Name No. Name Name No. Name No. Name No. Name Name No. Name No. Name Nam		1f. JURISDICTION OF ORGANIZATION .	ig. ORGANIZATIONAL ID #, if any			
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX		Mississippi	Ī		NONE	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX	2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only	one debtor name (2e or 2b) - do not abbreviate or combin	e names		-	
2c. MAILING ADDRESS CITY STATE POSTAL CODE 2d. COUNTY # ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME First Tennessee Bank National Association OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE 2D. COUNTY # NONE NONE SUFFIX CITY STATE POSTAL CODE COUNTRY ASSIGNEE CITY STATE POSTAL CODE COUNTRY ASSIGNEE CITY CITY CITY CITY ASSIGNEE CITY COUNTRY ASSIGNEE CITY CITY CITY ASSIGNEE CITY CITY ASSIGNED						
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First Tennessee Bank National Association OR 35. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 30. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY AMS 29671		SNOR S/P) - insert only one secured party name (3a or 3b	<u> </u>			
OR 35. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 30. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY						
36. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSOCIATED TO STATE POSTAL CODE COUNTRY ASSOCIATED TO STATE POSTAL CODE COUNTRY ASSOCIATED TO STATE POSTAL CODE COUNTRY					Lottery	
36. MAILING ADDRESS	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUPPIX	
D. H. 19671	20 MAHING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY	
			MS	38671	USA	

4. This FINANCING STATEMENT covers the following collateral:

All fixtures as part of Exhibit "A" attached hereto, whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

5.	ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LES	OR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
3.	This FINANCING STATEMENT is to be filed (for record) (or re ESTATE RECORDS. Attach Addendum	orded) in the REAL. 7, Check to REC	QUEST SEARCH REPOI FEE	RT(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
	OPTIONAL FILER REFERENCE DATA			****		

	b) ON RELATED FINANCING STA	TEMENT			
ORGANIZATION'S NAME					
Application Data Systems, I	nc.	MIDDLE NAME, SUFFIX			
D. INDIVIDUAL S DAST IVAME	FIRST NAME				
ISCELLANEOUS:					
			THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
DDITIONAL DEBTOR'S EXACT F	FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbrevlate or	combine names	· -	
11a. ORGANIZATION'S NAME					
115, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	. 11D. COUNTY#
ADD'I. INFO P ORGANIZATI DEBTOR	RE 11e. TYPE OF ORGANIZATION ON	11f, JURISDICTION OF ORGANIZATI	ON 111g. OR	GANIZATIONAL ID #, if a	ny NONE
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S/P'S	NAME - Insert only one name (12a o	r 12b)		
12b, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
				<u> </u>	
This FINANCING STATEMENT coveré collateral, or is filed as a fixture filing Description of real estate:	Imber to be cut or as-extracted	16. Additional collateral description:			
Name and address of a RECORD OWNE (if Debtor does not have a record interest)					
		17. Check only if applicable and che	and the second s		—
		Debtor is a Trust or Truste 18. Check only if applicable and che		property held in trust or	Decedent's Estate
		1			
		Debtor is a TRANSMITTING UTIL	ITY		
		Debtor is a TRANSMITTING UTIL Filed in connection with a Manuf		n — effective 30 years	

- 2"

PARCEL 1:

Lot 4B, First Revision, First Commercial & Industrial Plaza, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 43, Page 10, in the office of the Chancery Clerk of DeSoto County, Mississippi.

PARCEL 2:

Lot 5, Section A, First Commercial and Industrial Plaza, Sections 22 and 23, Township 1, Range 8, Southaven, DeSoto County, Mississippi, and more particularly described in Plat Book 19 at Pages 21 and 22, in the records of the Chancery Court Clerk of DeSoto County, Mississippi.